



## **ARIZONA STATE RETIREMENT SYSTEM (ASRS) ENDING PAYROLL VERIFICATION INSTRUCTIONS**

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-free (800) 621-3778  
TTY (602) 240-5333  
[www.azasrs.gov](http://www.azasrs.gov)

### **INSTRUCTIONS TO MEMBER**

Your employer(s) must provide the ASRS specific information regarding your termination date and final pay received. Please follow these instructions to ensure your employer(s) completes the *Ending Payroll Verification* form.

The ASRS must receive one completed *Ending Payroll Verification* form for each employer you have worked for while contributing to the ASRS within the last three years. If you need additional forms, you may photocopy the blank form or call the ASRS for additional forms.

Any payments due from the ASRS may be delayed if this form is not received in a timely manner from your employer(s).

#### **SECTION 1 – Member Information**

***Please print clearly using black ink.***

Enter your Social Security number, full legal name and retirement date.

- Submit this form to your employer no less than two weeks PRIOR to your last day of work. Your employer will complete Sections 2 and 3.

### **INSTRUCTIONS TO EMPLOYER**

This form must be returned within 10 days of termination for the member to receive their first benefit check in a timely manner.

#### **SECTION 2 – Employer Provided Member Payroll Information**

***Please print clearly using black ink.***

Complete Section 2 in its entirety. Compensation is defined in A.R.S. § 38-711(7). You may obtain additional clarification from the Compensation Section in the Employer Manual. A copy of the Employer Manual can be found on the ASRS website at [www.azasrs.gov](http://www.azasrs.gov).

#### **SECTION 3 – Employer Information and Signature of Authorized Payroll or Human Resources Manager**

Complete Section 3, sign and date.

- Send completed form directly to the ASRS.



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**ENDING PAYROLL VERIFICATION**  
**EMPLOYER USE ONLY**

PLEASE PRINT  
COMPLETE AND SEND  
TO: ASRS Financial Services  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-free (800) 621-3778  
TTY (602) 240-5333  
Fax (602) 240-2003  
www.azasrs.gov

Disclosure of the member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account or to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

**SECTION 1 – Member Information**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Retirement Date			

**SECTION 2 – Employer Provided Member Payroll Information**

The ASRS has received an application for retirement benefits for the above listed member. Please complete Section 2 and 3 of this form verifying all applicable information and *return it directly to the ASRS*.

Member's Termination Date (MM/DD/YYYY)	Last Day of Member's ASRS Membership (if member did not terminate) (MM/DD/YYYY)
Total salary paid to member during their last fiscal year (July 1 – last reported pay period ending date): \$	

List the member's regular wages for the last three payrolls and include any balance of contract, if applicable. Do not include termination payments in this section.

Pay Period Ending Date	Gross Salary for Pay Period	Retirement Contributions (Do not include amounts withheld for Long Term Disability)

List all incentive or pay for performance payments (ex: Proposition 301 monies) paid in the last five years.

Pay Period Ending Date	Gross Salary for Pay Period	Retirement Contributions

List all termination payments paid in the last three years and identify the type of payment (annual leave, sick leave, early retirement incentive).

Pay Period Ending Date	Gross Salary for Pay Period	Type of Termination Payoff	Retirement Contributions

**SECTION 3 – Employer Information and Signature of Authorized Payroll or Human Resources Manager**

Employer Name	Phone Number (      )
Name of Authorized Payroll or HR Manager (Please print.)	Title
Signature of Authorized Payroll or HR Manager	Date

